

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

ADDRESS (number and street) ▼

1400 Atwater Drive

☐ Check if different than previously reported. (ACC)

Malvern

PA

19355

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00452052

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joseph Rosenthal

Signature of Treasurer

Joseph Rosenthal

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">60510.04</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">79555.32</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">4170.67</span>	<span style="border: 1px solid black; padding: 2px;">58865.95</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">83725.99</span>	<span style="border: 1px solid black; padding: 2px;">119375.99</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">7500.00</span>	<span style="border: 1px solid black; padding: 2px;">43150.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">76225.99</span>	<span style="border: 1px solid black; padding: 2px;">76225.99</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2904.00

35458.62

(ii) Unitemized .....

1266.67

23407.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4170.67

58865.95

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

4170.67

58865.95

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4170.67

58865.95

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

4170.67

58865.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	40000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	500.00	3150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	43150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	43150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4170.67	58865.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4170.67	58865.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Barto**

Mailing Address 7 Fawns Path

City State Zip Code  
 Lincoln University PA 19352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C72905**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Paul Blanchette**

Mailing Address 6628 Heath Glen Dr

City State Zip Code  
 Mint Hill NC 28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Sr District Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C72907**

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Steve Bordenave**

Mailing Address 1843 Alex Way

City State Zip Code  
 Turlock CA 95382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Specialty Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C72908**

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Bush**

Mailing Address 7 East Tansey Drive

City State Zip Code  
Aston PA 19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Government Affairs Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C72912**

Amount of Each Receipt this Period

40.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Timothy Byrne**

Mailing Address 8050 Fair View Lane

City State Zip Code  
Norristown PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Sr Dir Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C72914**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Paula Clark**

Mailing Address 60 Andrew Court

City State Zip Code  
Aston PA 19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Sr Dir, Regulatory Affairs Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : C72919**

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Cobuzzi Jr.**

Mailing Address 1822 Masters Way

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72920

Amount of Each Receipt this Period

120.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Randall Decleene**

Mailing Address 1134 Downing Dr.

City

Waukesha

State

WI

Zip Code

53186-6735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceutical Solutions, Inc.

Occupation

Sr Urology Sales Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72877

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Debra Dingess**

Mailing Address 302 Chestnut Lane

City

Statesville

State

NC

Zip Code

28625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Specialty Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72924

Amount of Each Receipt this Period

100.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Guy Donatiello**

Mailing Address 321 North Ithan Ave

City

Rosemont

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP Intellectual Property

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72926

Amount of Each Receipt this Period

60.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Jennifer Dubas**

Mailing Address 315 R Glad Way

City

Collegeville

State

PA

Zip Code

19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

VP Litigation & Risk

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72928

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Ray Eden**

Mailing Address 11813 Granite Bay Place

City

Austin

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthTronics

Occupation

VP Mfg Ops & Quality

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72867

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Donald Gardner**

Mailing Address 3125 E South Fork Dr

City State Zip Code  
 Phoenix AZ 85048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceutical Solutions, Inc.

Occupation

Professional Urology Sales Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72879**

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Ivan Gergel**

Mailing Address 1352 Le Boutillier Road

City State Zip Code  
 Malvern PA 19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

EVP R&D & Chief Scientific Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72930**

Amount of Each Receipt this Period

250.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Lisa Grills**

Mailing Address 504 Prince of Wales Court

City State Zip Code  
 Franklin TN 37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthTronics

Occupation

Director Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72868**

Amount of Each Receipt this Period

70.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Full Name (Last, First, Middle Initial)

**A. Sterling Ivison III**

Mailing Address 29 Morgan Hollow Way

City State Zip Code  
 Landenberg PA 19350

FEC ID number of contributing federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Dir Training and Provider Qualificatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : C72932

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. William Jimenez**

Mailing Address 306 Roger Avenue

City State Zip Code  
 Westfield NJ 07090

FEC ID number of contributing federal political committee.

C

Name of Employer

Endo Pharmaceutical Solutions, Inc.

Occupation

Assoc Dir Technical Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : C72886

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Patrick Kocks**

Mailing Address 219 S. Jessup Street

City State Zip Code  
 Philadelphia PA 19107

FEC ID number of contributing federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

VP Legal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : C72936

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Full Name (Last, First, Middle Initial)

A. Alan Levin

Mailing Address 116 East 66th Street

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

EVP &amp; CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : C72939

Amount of Each Receipt this Period

250.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Caroline Manogue

Mailing Address 302 Keithwood Road

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

EVP Chief Legal Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : C72942

Amount of Each Receipt this Period

416.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. John Martin

Mailing Address 121 Latches Lane

City

Media

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Sr Tech Mgr &amp; Actv Directory MS Ex

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : C72944

Amount of Each Receipt this Period

42.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

708.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Cornelius Merlini**

Mailing Address 5 West Hampton Road

City State Zip Code  
Philadelphia PA 19118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP & GM Laboratory Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72950

Amount of Each Receipt this Period

100.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. James Munroe**

Mailing Address 9447 Brenner Court

City State Zip Code  
Vienna VA 22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72951

Amount of Each Receipt this Period

166.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Jonathan Neely**

Mailing Address 2514 Pine Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Dir Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72952

Amount of Each Receipt this Period

100.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

366.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

## **A. Gary Owens**

Mailing Address 2937 Keeley cove

City State Zip Code  
 Southaven MS 38671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceutical Solutions, Inc.

Occupation  
 Sr District Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72896**

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. William Pelin**

Mailing Address 1602 Mont Dale Road

City State Zip Code  
 Huntsville AL 35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Qualitest | Liquids and Tablets

Occupation  
 General Manager - Liquids

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72869**

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Bernadette Pinamont**

Mailing Address 6 Misty Meadow Dr

City State Zip Code  
 West Chester PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 VP Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : C72956**

Amount of Each Receipt this Period

50.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

## **A. Spencer Pyles**

Mailing Address 12310 Stephens Charge Ct.

City State Zip Code  
 Cypress TX 77433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceutical Solutions, Inc.

Occupation  
 MGR Regional Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72900

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Joseph Rosenthal**

Mailing Address 1058 Harriman Court

City State Zip Code  
 West Chester PA 19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 BD Financial Analysis Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72957

Amount of Each Receipt this Period

30.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Catharine Trzaskawka**

Mailing Address 18 Pendleton Court

City State Zip Code  
 Medford NJ 08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 Sr. Director, External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2013

Transaction ID : C72963

Amount of Each Receipt this Period

100.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

2904.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eric I. Cantor**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2013

**Transaction ID : D718**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR HARRY REID**

Mailing Address P.O. BOX 19163

City	State	Zip Code
LAS VEGAS	NV	89132

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Harry Reid**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : D720**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph R. Pitts**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : D721**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2013

Mailing Address PO Box 682185

City	State	Zip Code
Franklin	TN	37068

**Transaction ID : D722**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Marsha Blackburn**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pat Meehan for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2013

Mailing Address 50 S. Providence Road

City	State	Zip Code
Media	PA	19063

**Transaction ID : D719**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Patrick Meehan**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2013

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

**Transaction ID : D715**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Rob Portman**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 00

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Andy Dinniman**

Mailing Address 471 Spruce Drive

City	State	Zip Code
Exton	PA	19341

Purpose of Disbursement  
Contribution - PA State Senate District 19

Candidate Name

**Andrew Dinniman**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

**Transaction ID : D716**

Amount of Each Disbursement this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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500.00
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